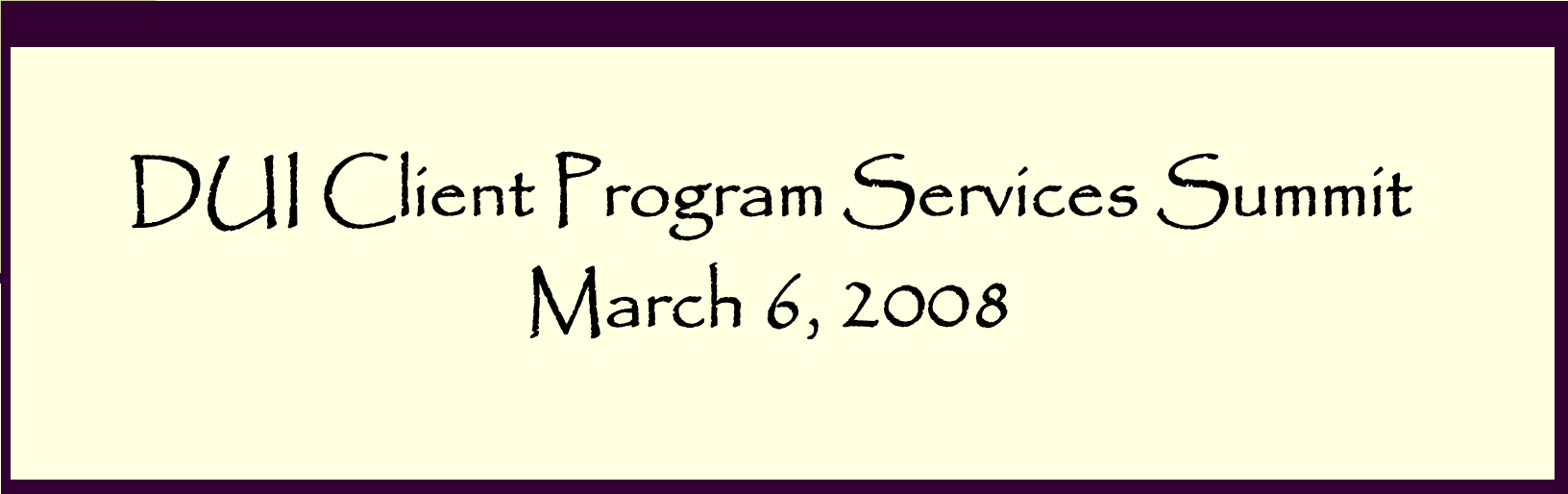




WELCOME!



DUI Client Program Services Summit
March 6, 2008



DUI Provider Programs

Evaluation & Referral, Education,
Treatment

DEFINITIONS

■ Education Program

- First offenders
- Low BAC
- No indication of alcohol or other substance abuse and/or dependence

■ Outpatient Treatment Program

- First offenders w/ high BAC
- Repeat offenders
- Evidence of alcohol or other substance abuse and/or dependence

DEFINITIONS

- Enrollment

- Intake process is completed
- Paid full Education program fee

- OR

- Paid half the Outpatient Treatment program fee

- No Show

- Fails to appear for appointment
- Is late for appointment
- Cancels without adequate notice
- Arrives without required documentation
- Arrives under the influence

DISCHARGE STATUS

- Satisfactory Discharge
 - Completed program and showed evidence of positive behavior change
- Non-Compliance Discharge
 - Failed to comply with rules/regulations
 - Failed to attend as required
- Administrative Discharge
 - Client is ill/hospitalized
 - Admitted to detox facility or residential treatment facility
 - Military deployment
- At-Risk Discharge
 - Failed to demonstrate sufficient behavior change
 - Positive drug/alcohol screen

ESTABLISHED FEES

- **Set by DSHS/OHS**

■ Evaluation fee	\$75.00
■ Out-of-state case mgmt	\$100.00
■ Administrative re-entry	\$25.00
■ Education fee	\$200.00
■ Treatment fee	\$600.00
■ Missed appointment fee	\$25.00
■ Urinalysis fee	\$25.00
■ Other administrative	\$50.00

Driving Under the Influence

DMV Actions and Requirements for
Reinstatement

New DUI Law (SB127)

- Effective July 10, 2007
- Revocation periods increased
- IID required for most DUI convictions
- Revocation length is extended for violations of the IID

First Offense Election (21 Del. C. §4177 B)

- 12 month revocation
- Eligible to reinstate 6 months after revocation goes into effect
- No license-in requirement for early reinstatement
- Eligible to apply for conditional privileges after three months pending 16 hour DUI program completion

First Offense Election IID Diversion (21 Del. C. §4177 B(g))

- 12 month revocation
- Eligible for IID after serving one month of revocation
- Early reinstatement after IID installed for 5 months

First DUI Conviction

(21 Del. C. §4177A (a)(1))

- Revocation period dependent on BAC level (12 – 24 months)
- Convictions with BAC less than .15 serve revocation time only (no IID requirement)
- IID required for all offenses with a BAC of .15 or greater
- IID installed after serving one month revocation time
- No early reinstatement

Second DUI Conviction

(21 Del. C. §4177A (a)(2))

- Revocation period dependent on BAC level (24 – 30 months)
- IID required for all offenses
- Early reinstatement after 18 months for BAC < .15
- 12 months of revocation must be served before IID can be issued

Third DUI Conviction (21 Del. C. §4177A (a)(3))

- Revocation period dependent on BAC level (24 – 36 months)
- IID required for all offenses
- No early reinstatement
- 12 months of revocation must be served before IID can be issued

Fourth & Subsequent DUI Convictions (21 Del. C. §4177A (a)(4))

- Revocation period is 60 months for all 4th & subsequent DUI convictions
- IID required for all offenses
- No early reinstatement
- 12 months of revocation must be served before IID can be issued

IID Program

- Required for all DUI convictions (except 1st conviction with BAC <.15)
- Must apply at DMV after mandatory revocation time is served
- Must be enrolled in DUI program and have favorable character background review to be approved
- Once IID is approved, offender is sent approval letter which allows device to be installed
- Must bring installation letter to DMV to have requirement loaded to record and IID license issued

IID Program (continued)

- Offender serves remainder of revocation time on the IID license
- Device remains on vehicle until reinstatement is completed
- Removal letter given to offender by DMV to have device taken off vehicle
- Note: Individuals who do not have a vehicle registered in their names or are licensed out of state are not required to do the IID program. All other requirements will apply.

Violating IID Rules

(21 Del. C. §4177G (f)(3))

- Failure to comply with IID rules results in an extension of revocation period
- 3 violations = 2 month extension
- 5 violations = 4 month extension
- 8 violations = 6 month extension
- Each additional violation = 1 month extension

IID Infractions

- Each BAC reading of .05 or above
- Running retest violation
- Each missed monitoring appointment
- Start up violation (e.g., lock out failure)
- Tampering with or bypassing interlock system
- Intentional circumvention of the interlock system or program requirements

Character Background Reviews

- BAC .15 or higher
- Two or more alcohol charges within a five year period
- All fourth or subsequent convictions
- Vehicular Assault (Alcohol Related)

Reinstatement Requirements

- Serve revocation period
- Complete DUI Program
- Have IID installed (when required)
- Complete Character background Review (if applicable)
- Pay reinstatement fee
- Pass DMV testing (if required)

DMV Testing (Class D)

- If driving privileges are revoked, suspended, canceled, denied, or expired for over one year, eye and written tests are required prior to license issuance of Class D license.
- If driving privileges are revoked, suspended, canceled, denied, or expired for over three years, complete testing (eye, written, and road test) is required prior to issuance of Class D license.

DMV Testing (CDL)

- If CDL driving privileges are revoked, suspended, disqualified, canceled, denied, or expired for one year or longer, complete testing (eye, written, and road test) is required prior to issuance of CDL license.

Questions?

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Driver Improvement Asst/ Hearing Ofc.

(terri.sopher@state.de.us)

(302) 744-2568

Yolanda Caldwell

Revocations Supervisor

(yolanda.caldwell@state.de.us)

(302)744-2553

Delaware Evaluation & Referral Program

Stephanie Stachoni
Eric Saul

What is DERP?

- Referral of client
- Initial client screening
- Refer client to appropriate level of care
- Administration thru DUI Tracking System

Referral of client to DERP

- Court System
- Probation and Parole
- Client self referral (ticket)
- Delaware DMV
- Out of state sources

Initial Letter to Client

- Notification of referral
- **10 days** - schedule appointment with DERP
- Process explained
 - Evaluation
 - Cost
 - Hours
 - Missed appointment policy

Client Notification Letter

INSTRUCTIONS FOR EVALUATION

As indicated on the sentencing order, you are ordered to contact this office within 10 days of your court appearance to be scheduled for an evaluation. This evaluation is a necessary step in the education/treatment process. Failure to schedule this appointment within 10 days will cause your case to be returned to court. Failure to appear for two scheduled appointments will also result in your case being returned to court.

The evaluation will require 90 minutes of your time and will be scheduled in one of our statewide offices. The cost of the evaluation will be \$75.00. We accept cash, money orders, Visa and Master Card. We do not accept personal checks, Discover, or American Express. This fee must be paid at the time of your evaluation. We do not accept partial payments. We require 24 hours notice if you need to cancel an appointment. If you fail to provide notice, or you fail to appear for your appointment, a \$25 missed appointment fee will be added to your balance.

You may contact our office Monday through Friday. We are open from 8am to 8pm, Monday through Thursday and from 8am to 4:30pm on Friday. Our office can be reached at 1-800-551-6464, 302-656-2810 or 302-656-4044.

IF YOU FAIL TO HAVE A DUI EVALUATION OR FAIL TO SATISFACTORILY COMPLETE A DUI PROGRAM, AS SPECIFIED BY DERP, YOU WILL NOT BE ELIGIBLE TO APPLY FOR YOUR DRIVER'S LICENSE OR DRIVING PRIVILEGES.

Screening Process

- Medical, legal, and family history
- Circumstances surrounding arrest
- History of Substance use and or abuse
- Psychological issues
- Patterns of use i.e. amount, frequency, etc.

Referral to Level of Care

- Education (Pace, Open Door, Thresholds)
 - First substance abuse arrest
 - Low BAC (<.15)
 - Low Mortimer Filkens score (<50)

Outpatient Treatment (Open Door, Thresholds, Pathways)

- Multiple substance abuse arrest and or history
- Previous treatment
- Higher BAC level (>.16)
- Higher Mortimer Filkens score
- Self admitted problem or concern

Non Compliance

- Failure to schedule within 10 business days
- Missing 2 or more scheduled appointments
- Failure to contact DERP within 24 hours of missed appointment

Out of State Process

- DERP receives client information
- Refers client to program that is geographically convenient to them
- Administration of case and paperwork
- Collects discharge information
- Notification of Court and DMV of process completion

EDUCATION PROGRAM

Presented by:
Bruce Johnson
PACE

EDUCATION PROGRAM

- 16 hours drug and alcohol education
- 1ST offense
- No evidence of abuse and/or dependence
- Low BAC

CLIENT SERVICES

- 16 hours of Education
- Frequency may vary
 - Eight 2 hour classes
 - Six 2 ½ hour classes
- Enrollment may be open or closed
- Wait time less than 30 days

DRUG/ALCOHOL SCREENING

- Urine drug screen (UDS) administered to every client
- Additional UDS once more, randomly
- Positive UDS results in at-risk discharge
- Dilute UDS results in further clinical review
 - Potential at-risk discharge
 - Potential increase in screening

SATISFACTORY DISCHARGE

- Attend all scheduled classes
- Pay all fees
- Pass the test (80% or greater)
- Provide acceptable DUI Avoidance Plan
- Participate in addiction-focused support group
- Complete program requirements w/in 90 days

NON-COMPLIANCE

- Failure to begin program w/in 30 days of referral
- Failure to pay required fees
- Failure to stay in contact w/ agency for more than 30 days
- Disruption of Education program process
- Failure to keep scheduled appointments
 - 2 consecutive
 - 3 total for duration of program

ADMINISTRATIVE DISCHARGE

- Cannot attend for reasons beyond their control
 - Severe illness/hospitalization
 - Military deployment
 - Other reasons determined on case-by-case basis

AT RISK DISCHARGE

- Failure to remain abstinent from alcohol or other drugs
- Lack of participation in group setting
- Unacceptable DUI Avoidance Plan
- Failure to pass test
- Arrested for subsequent alcohol-related incident while enrolled
- Presence of clinical issues that indicate need for further treatment

RESULTS OF AT RISK DISCHARGE

- Automatic referral to higher level of care
 - DUI outpatient program
 - Intensive outpatient program
 - Inpatient program
- Can file an appeal
 - Must file w/in 10 days
 - Appeals team decisions are FINAL

Fees Associated with DUI Education Program

- Program - \$200.00
- No Show - \$25.00
- Urinalysis - \$25.00
- Administrative Re-entry - \$25.00
- Administrative (related to dilute UDS) - \$50.00

Delaware Driving Under the Influence Outpatient Treatment Program

Presented By:
Howard Isenberg
Open Door, Inc.

Driving Under the Influence (DUI)

Is A Public Safety Issue



To Put This Issue In
Perspective:



If an Ophthalmologist:

- Completes an assessment of visual acuity and the results indicate severely impaired vision...

-
- What is the risk to the public if they do not act responsibly regarding their patient's driving privileges?



In The Context of DUI Outpatient Treatment...



If a DUI Treatment Agency:

- Provides substance abuse treatment services (which involves an on-going assessment of the severity of the client's substance use condition)

And

- The results indicate that the client continues to pose a risk to drink or use drugs and drive...

-
- What is the risk to the public if **they** do not act responsibly regarding their patient's driving privileges?

Treatment Provider Agencies

- Take this responsibility seriously
- Are partners with other agencies in the DUI System
- Are mindful of both client clinical need and concern for public safety



DUI Outpatient Treatment



-
- Clinical need is determined by a comprehensive Biopsychosocial Assessment & UDS

-
- Discharge is dependent on client achieving treatment goals:
 1. Relatively stable recovery program in place, if appropriate
 2. Support network in place
 3. Demonstrated abstinence (based on UDS)



DUI Outpatient Treatment



Groups are not classes!

DUI Outpatient Treatment Sessions

Consist of Individual and Group
Therapy Sessions!

The DE DUI Outpatient Treatment

Program consists of the base program and two sub-programs, all of which require a minimum of sixteen hours of drug and alcohol treatment

Treatment for Younger Clients

- The “21 and Under Treatment Program” provides services specifically geared to the issues most common to a population of this age

Treatment for Clients with Co-Occurring Mental Health & Substance Use Conditions

- The “Alternative/Mental Health Treatment Program” provides services specifically geared to the issues most common to this population

Basic DUI Outpatient Treatment

-
- This program is designed for the repeat offender and the first offender who presents for an assessment following a DUI incident with evidence of an abuse problem and typically with a BAC of greater than 0.15

-
- The client referred to the program will receive a minimum of 16 hours of treatment services

-
- The services are provided through a variety of methods and will differ by contracted service provider

-
- Enrollment may be open or closed as long as the client does not have to wait more than thirty (30) days to get started

-
- The frequency of the sessions may vary by program

-
- Typically, the client will be referred to a program in the client's county of residence, but may request a referral to any of the three counties in Delaware

Urine Drug Screens (UDS's)

- At the beginning of the 16-hour program, a urine-drug screen (UDS) will be administered to every client

UDS is an Objective Measure...

- Provides a baseline measure of substance use

-
- At least one additional UDS will be administered at some random point during the program

-
- A positive UDS at this point is grounds for an immediate discharge at-risk from the Outpatient Treatment program

-
- Failure to abstain from substance use, as required, suggests:
 1. An unwillingness to seriously recognize consequences of substance use
 2. An inability to cease use symptomatic of a need for more intensive services

Dilute Urines

- A dilute urine screen at this point will result in further administrative and clinical review of the client's case

-
- This will result in an additional administrative fee, as well as the need for additional urine screens

-
- The clinical team may decide an at-risk discharge is appropriate

Acceptance of Prior Treatment

- Clients having received prior treatment services will be required to attend the DUI Provider's DUI program orientation

-
- Having completed any form of intensive substance abuse treatment indicates, in and of itself, a level of need that would typically warrant extended care and monitoring

-
- These clients will be required to submit for a detailed assessment and should bring all paperwork relating to any prior substance abuse treatment
 - A urine drug screen will be required at the time of assessment

-
- Any treatment received within the last 60 days will be reviewed and a clinical decision made to determine the extent to which the treatment satisfies DUI Outpatient Treatment Program's requirements

Any treatment older than 60
days will not be considered!

-
- If the clinical determination is that the substance abuse treatment was adequate, but the “drinking and driving” component of the program was missing, the client will be referred to a DUI Education Program to ensure that this component is received

-
- If the treatment completed was an inpatient program, after-care services will be required prior to discharge from the DUI program

Fees Associated with DUI Outpatient Treatment

- a. Program - \$600.00
- b. No Show (group session) - \$25.00
- c. No Show (individual session) - \$25.00
- d. Urinalysis - \$25.00
- e. Administrative Re-entry - \$25.00
- f. Administrative (related to dilute UDS) - \$50.00

Discharge Criteria for DUI Outpatient Treatment

Satisfactory Discharge

- The client must attend all scheduled classes
- Pay all fees
- Get a passing grade (80% or greater) on a standardized content test
- Must complete the requirements of the program within 120 days of the referral
- Participation must be evident

-
- Client must demonstrate a change in behavior
 - Must present an acceptable DUI Avoidance Plan
 - Attendance at a minimum of 6 addiction-focused community support group meetings is also required

Non-Compliance Discharge

The client will be considered non-compliant and a non-compliance discharge status will be assigned if the client meets any of the following criteria:

- The client fails to begin the program within 30 days of referral
- Fails to pay the required fee according to the program, or individually designed payment plan

-
- Contact is lost for more than 30 days
 - Failure to complete the program within 120 days of the referral
 - A non-compliance discharge will also be assigned to clients who are disruptive to the program process

-
- Clients who fail to show for two consecutive scheduled appointments, or fail to show for three scheduled appointments during the entire course of treatment, will also be non-complied

At-Risk Discharge

A client who has failed to accomplish the goals and objectives of the Treatment Program will be released under an At-Risk status (Attachment K). Specific reasons for this status include:

- Failure of a client to remain abstinent while in the program
- Lack of participation in the group setting

-
- Failure to complete the treatment plan
 - Lack of, or an unacceptable DUI Avoidance Plan
 - Failure to achieve a passing grade on the content test

-
- Being arrested for an alcohol-related incident while in the program
 - The presence of clinical issues that indicate the necessity of further treatment in accordance with the DSM IV diagnostic criteria

To resolve a discharge at-risk

- The client must enroll in a more in-depth treatment program, and then satisfactorily complete the program

-
- The client may choose to continue with the current agency, or may choose a new agency from which to receive services (a list of alternate agencies will be provided at time of discharge)

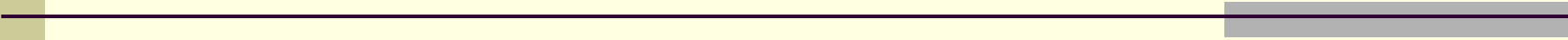
-
- If a new agency is chosen, that agency must be licensed by the Division of Substance Abuse & Mental Health

-
- The client must contact the discharging agency prior to the start of the new treatment program and sign a release of information with both agencies

-
- The client must remain drug and alcohol free for a minimum of 12 weeks prior to successful discharge

-
- The client must return to the discharging agency within 60 days of completing the new treatment services and bring the discharge summary (including prognosis)

-
- A description of services received, and the DUI discharge at-risk completion form



A certificate of completion is
not acceptable
documentation

Administrative Discharge

- This discharge status is reserved for those clients who cannot attend the program for medical reasons
- Have passed away
- Or cannot attend for a sound reason
- This status may also be used to discharge a client to the service of another agency

Other Programs

- There are other, more intensive services available for use at the discretion of the Program Managers
- These include services such as residential treatment and medical detoxification

Education/Treatment Agency Responsibilities

The education/treatment agency that has discharged the client must:

1. Provide the client with a letter, which details the specific objective, measurable reasons why he/she has been discharged from the program
- These reasons must be based upon the Criteria for Discharge that have been approved by the Office of Highway Safety (OHS) for the DUI Education/Treatment Program

In Conclusion

DUI Services at Open Door, Inc.
Are Clinical Programs

And At Best:

- DUI Treatment assists participants in making the connection between their poor judgment (when they chose to drive under the influence), and

-
- Motivating them to make a sincere commitment to avoid future occurrences of poor judgment (through a DUI Avoidance Plan)

At Worst:

- DUI Treatment identifies participants that require further, more intensive treatment to intervene in their substance use behavior because they demonstrate that they pose a risk that they will continue to drink or use drugs and drive

And

- They are discharged At-Risk.



APPEALS

Presented by:
Lisa Moore
Office of Highway Safety

APPEALS

- Only apply to at-risk discharges
- Must be requested at the discharging agency
- 10 day time limit
- Complete necessary paperwork

CLIENT RESPONSIBILITIES

- Complete appropriate form
- Clearly detail reason for appeal
- Provide copy of discharge letter from agency
- Provide signed release

AGENCY RESPONSIBILITIES

- Provide reasons for at-risk discharge
- Provide signed release
- Complete an internal agency appeal and provide documentation

DSAMH RESPONSIBILITIES

- Receive and date-stamp appeal packages
- Review information provided
 - If incomplete, return package to appellant
 - If complete, schedule review
- Meet at least monthly to review appeals
 - Only provided documentation will be considered
 - Personal appearances by appellant are not permitted
- Notify client and agency regarding decision
- All decisions are FINAL

DUI Tracking System

<https://conduits.state.de.us/conduits>

Online re-entry process



Client Maintenance

Log Out

[Help?](#)

DERP

License Search

Client Maintenance

Reports

City/state

Demographic

Payment plans

Victim impact panels

BAC

Convictions

Referrals to DERP

Total monthly referrals

Referrals To Provider

Completions

Number of days

Drugs found

System Administration

click on client maintenance to get filter

[Hide Filter](#)

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Date of Birth:	<input type="text"/> (mm/dd/yyyy)
License Number:	<input type="text"/>
First Contact Date:	<input type="text"/> (mm/dd/yyyy)
Date Completed:	<input type="text"/> (mm/dd/yyyy)
Program Type:	<input type="text"/>
Evaluation Office:	---Select Evaluation Office---
<input type="button" value="Search"/> <input type="button" value="Clear"/>	

DERP

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Total monthly
referrals

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Hide Filter

Last Name:	<input type="text" value="Enter Last Name"/>
First Name:	<input type="text" value="Enter First Name"/>
Middle Name:	<input type="text"/>
Date of Birth:	<input type="text"/>  (mm/dd/yyyy)
License Number:	<input type="text"/>
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Program Type:	<input type="text"/>
Evaluation Office:	<input type="text" value="---Select Evaluation Office---"/> 
<div><input type="button" value="Search"/> <input type="button" value="Clear"/></div>	

- DERP
- License Search
- Client Maintenance

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- Convictions
- Referrals to DERP
- Total monthly referrals
- Referrals To Provider
- Completions
- Number of days
- Drugs found

- System Administration
- Code Set

Help?

client identified

Show Filter

Client Maintenance							Total No. Of Records: 11
Last Name	First Name	MI	Suffix	Date of Birth	SSN or State ID	License #	Action
							E
							E
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Last Name	First Name	MI	Suffix	00/00/0000		123456789	E
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							V

License Search

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DERP

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referrals

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Provider

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System Administration

Code Set

Agency Address

Fees

[Show Filter](#)

click on E to view or edit client information

Client Maintenance							Total No. Of Records: 11
Last Name ▼	First Name ▲	MI ▲	Suffix ▲	Date of Birth ▲	SSN or State ID	License #	Action
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Client Maintenance

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Referrals to
DERP

Total monthly
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Referrals To
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Completions

Number of days

Drugs found

System Administration

Code Set

Agency Address

Fees

Letter
Templates

Last Name

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License

Last Name

First Name

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[Show Address](#)

Arrest Date:

12/28/2005

Ticket Number:

Disposition Number:

02

[Back](#)

[Self Referral](#)

[Print Client Information](#)

[Client Info](#)

[Charge](#)

[Evaluation Agency](#)

[Risk Indicators](#)

[Treatment](#)

[Treatment History](#)

[Letter History](#)

Arrest Date

Dis.

Ref. Date

Ref. By

Contact
Date

Eval.
Date

Agency Ref.
To

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Status

Dis.
Date

Ticket
Number

Action



12/28/2005

02

02/09/2006

DE -
COURT

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Referrals to
DERPTotal monthly
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[Show Address](#)

Arrest Date:

12/28/2005

Ticket Number:

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Client Info

Charge

Evaluation Agency

Risk Indicators

Treatment

Treatment History

Arrest Date

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COURT

2/9/2006

4/17/2007

THRESHOLD5

NON-COMPLIANCE

7/16/2007

S

Reports

City/state

Demographic

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Victim impact
panels

BAC

Convictions

Referrals to
DERPTotal monthly
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Provider

Completions

Number of days

Drugs found

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Templates

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[Show Address](#)

Arrest Date:

12/28/2005

Ticket Number:

Disposition Number:

01

click on S to select record

Client Info

Charge

Evaluation Agency

Risk Indicators

Treatment

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Date

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02

02/09/2006

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COURT

12/28/2005

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02/09/2006

DE -
COURT

2/9/2006

4/17/2007

THRESHOLD5

NON-COMPLIANCE

7/16/2007

S



DERP » Client Info

DERP
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Client Maintenance

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referrals
Referrals To
Provider
Completions
Number of days
Drugs found

System Administration

Code Set
Agency Address
Fees
Letter
Templates
System
preferences
User
preferences
Bad Login Log
Clear the Temp
Data

Audit Trail

Audit trail
policy
Summary
audit trail
Detailed audit
trail
Purge audit
trail

Security

Users
Access Control

Last Name	First Name	MI	Suffix	DOB	License
Last Name	First Name	MI	Suffix	00/00/0000	123456789

[Show Address](#)

Arrest Date: 12/28/2005 Ticket Number: Disposition Number: 01 [Back](#)






Client Info	Charge	Evaluation Agency	Risk Indicators	Treatment	Treatment History	Letter History
Reset Save						
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SSN:	<input type="text"/> <input type="text"/> <input type="text"/>		Issued:	<input type="text"/>		
ID Card:	<input type="text"/>		Expiration:	<input type="text"/>		
Last Name: *	<input type="text"/>		First Name: *	<input type="text"/>		
Suffix:	<input type="text"/>		Middle Name:	<input type="text"/>		
Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female		DOB: *	04/20/1986		
Interpreter Required:	<input type="checkbox"/>		Fax #:	<input type="text"/> <input type="text"/> <input type="text"/>		
Deaf:	<input type="radio"/> Yes <input type="radio"/> No		Cell Phone #:	<input type="text"/> <input type="text"/> <input type="text"/>		
Work Phone #:	999 <input type="text"/> 999 <input type="text"/> 9999 <input type="text"/> - <input type="text"/>		Email ID:	<input type="text"/> @ <input type="text"/>		
Home Phone #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Comments:	<input type="text"/>			Show Comments History		
Reset Save						

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Arrest Date:	12/28/2005	Ticket Number:	Disposition Number:	01	Back
--------------	------------	----------------	---------------------	----	----------------------

Client Info	Charge	Evaluation Agency	Risk Indicators	Treatment	Treatment History	Letter History
						Reset Save
Notification Date:	02/09/2006  (mm/dd/yyyy)	PL	Mortimer Filkens Score:	26		
First Contact Date:	02/09/2006  (mm/dd/yyyy)	PL	Mental Health Score:	a. Last 30 Days: 3 b. Lifetime: 0		
Evaluation Scheduled Date:	04/17/2007  (mm/dd/yyyy)		Evaluation Office:	DUI - SUSSEX		
Evaluation Status:	SENT TO PROGRAM		Warning Non-compliance Date:	 (mm/dd/yyyy)		
Evaluator:	Evaluator Name		Reviewer:	Reviewer Name		
Evaluator Program Type:	UNDER 21 OUTPATIENT		Reviewer Program Type:	UNDER 21 OUTPATIENT		
Provider Agency:	THRESHOLDS		Provider Sent To:	THRESHOLDS		
Non-Compliance Date:	 (mm/dd/yyyy)		Location:	THRESHOLDS-SUSSEX		
Evaluation completed Date:	04/23/2007  (mm/dd/yyyy)		Referral date:	04/23/2007  (mm/dd/yyyy)		

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Out Of State Provider:		Notification Date:	 (mm/dd/yyyy)
Address 1:		Admin Package Sent Date:	 (mm/dd/yyyy)

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First Name

MI

Suffix

DOB

License

Last Name

First Name

MI

Suffix

00/00/0000

123456789

[Show Address](#)

Arrest Date:

12/28/2005

Ticket Number:

Disposition Number:

01

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Client Info

Charge

Evaluation Agency

Risk Indicators

Treatment

Treatment History

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1st Notification Date:

5/9/2007



(mm/dd/yyyy)

Enrolled Date:

5/25/2007



(mm/dd/yyyy)

15th Day Letter Sent:



(mm/dd/yyyy)

30th Day Letter Sent:



(mm/dd/yyyy)

Non Compliance Date:

7/16/2007



(mm/dd/yyyy)

Completion Status:

NON-COMPLIANCE



Victim Impact panel:

☐

Completion Date:



(mm/dd/yyyy)

Treatment Comments:

[Show Comments History](#)

Completion Comments:

[Show Comments History](#)

Payment plan:

☐

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Clear the Temp
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Arrest Date: 12/28/2005 Ticket Number: Disposition Number: 01

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must click to reveal comments

Client Info	Charge	Evaluation Agency	Risk Indicators	Treatment	Treatment History	Letter History
<div>ResetSave</div>						
1st Notification Date:	5/9/2007 (mm/dd/yyyy)	Enrolled Date:	5/25/2007 (mm/dd/yyyy)			
15th Day Letter Sent:	(mm/dd/yyyy)	30th Day Letter Sent:	(mm/dd/yyyy)			
Non Compliance Date:	7/16/2007 (mm/dd/yyyy)	Completion Status:	NON-COMPLIANCE			
Victim Impact panel:	<input type="checkbox"/>	Completion Date:	(mm/dd/yyyy)			
Treatment Comments:				Show Comments History		
Completion Comments:				Show Comments History		
Payment plan:	<input type="checkbox"/>	Balance Due Provider:				
Hardship Fee Reduction:	<input type="checkbox"/>					
<div>ResetSave</div>						

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Arrest Date: 12/28/2005 Ticket Number: Disposition Number: 01

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comments remain hidden unless you click "show comments"

Client Info	Charge	Evaluation Agency	Risk Indicators	Treatment	Treatment History	Letter History
<div>ResetSave</div>						
1st Notification Date:	5/9/2007  (mm/dd/yyyy)	Enrolled Date:	5/25/2007  (mm/dd/yyyy)			
15th Day Letter Sent:	<input type="text"/>  (mm/dd/yyyy)	30th Day Letter Sent:	<input type="text"/>  (mm/dd/yyyy)			
Non Compliance Date:	7/16/2007  (mm/dd/yyyy)	Completion Status:	NON-COMPLIANCE 			
Victim Impact panel:	<input type="checkbox"/>	Completion Date:	<input type="text"/>  (mm/dd/yyyy)			
Treatment Comments:	<input type="text"/>			Show Comments History		
Completion Comments:	<input type="text"/>			Hide Comments History		
<div>counselor noncomplied. client failed to show for 2 consecutive appointments. client has not been in treatment in over 30 days (POHSSLR - 07/16/2007 02:35:10 PM) counselor noncomplied. client failed to show for 2 consecutive appointments. client has not been in treatment in over 30 days (POHSSLR - 07/16/2007 02:35:56 PM)</div>						
Payment plan:	<input type="checkbox"/>	Balance Due Provider:	<input type="text"/> . <input type="text"/>			
Hardship Fee Reduction:	<input type="checkbox"/>					

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Arrest Date:	12/28/2005	Ticket Number:	Disposition Number:	01	Back
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re-entry fields

Client Info	Charge	Evaluation Agency	Risk Indicators	Treatment	Treatment History	Letter History
<div>ResetSave</div>						
Arrest Date: *	12/28/2005	(mm/dd/yyyy)	Case Number:	Case Number		
Referred by: *	DE - COURT		Ref Date:	02/09/2006	(mm/dd/yyyy)	
Referral State:	Delaware		Court:	Court of Common Pleas Sussex County		
BAC Status:	COMPLETED		BAC:	0.09		
Drug Found:						
Alcohol Related Plea:	FOP		Plea Date:		(mm/dd/yyyy)	
Arrest State:	Delaware		Summon/Ticket/Arrest Num:			
Convicted:	<input checked="" type="checkbox"/>		Conviction Overturned:	<input type="checkbox"/>		
Conviction Status:			Overturned Date:		(mm/dd/yyyy)	
Comments:						Show Comments History
Re-entry Granted by Court:	<input checked="" type="checkbox"/>		Re-entry Granted by Court Date:	02/28/2008	(mm/dd/yyyy)	
<div>ResetSave</div>						



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From Date:	<input type="text" value="02/29/2008"/>  (mm/dd/yyyy)
To Date:	<input type="text" value="02/29/2008"/>  (mm/dd/yyyy)
<input type="button" value="Self Referral"/>	<input type="button" value="Search"/> <input type="button" value="Clear"/>



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Audit Trail

Audit trail
policy
Summary
audit trail
Detailed audit
trail
Purge audit
trail

Security

Users
Access Control

R denotes re-entry

Show Filter

Legend : Lock ☐ DMV Data ☐ Court Data

Date Range :02/29/2008 To 02/29/2008

Court Conviction & DMV Hearing List

Total No. Of Records: 9

Self Referral									
Last Name	First Name	MI	Suffix	Date of Birth	License #	Prior DUI	Action		
							Yes		EX
							No		N
							No		R
							Yes		EX
							Yes		EX
							Yes		EX
							No		N
							Yes		N
							No		M

Self Referral

Please hit the refresh button to get the latest convictions

Refresh